

# Dir. Street Name

Bldg # Floor # Unit/Apt #

Building Permit # B

## APPLICATION for HVAC/Gas Piping Permit

Check Appropriate Boxes:

- ☐ CITY OF LINCOLN ☐ LANCASTER COUNTY (Beyond 3-Mile Limit)  
☐ Residential ☐ Commercial  
☐ New ☐ Replacement ☐ Remodel

Mechanical Section ..... 402-441-7508

24-hr. Inspection Line  
(before 7:30 am for same day) ..... 402-441-8213  
FAX ..... 402 441-8214

**Application must be received by 3:00 pm for  
next-day inspection request**

**INSPECTION:** ☐ Ready--Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Access \_\_\_\_\_

Owner Name \_\_\_\_\_

Wk Phone # \_\_\_\_\_ Ho Phone # \_\_\_\_\_

Owner Address \_\_\_\_\_ City St. Zip \_\_\_\_\_

Tenant Name (If other than Owner) (\_\_\_\_\_) \_\_\_\_\_  
Tenant Phone # \_\_\_\_\_

CONTRACTOR (\_\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City St. Zip \_\_\_\_\_

**I certify that I have read this application and state that the  
above information is correct. I agree to comply with all state  
laws and the Lincoln Municipal Code:**

Gas Piping--Section 24.05; HVAC---Section 25.03;  
and hereby authorize the City's representative to enter upon  
the above-mentioned property for inspection purposes.

**Applicant  
Signature X** \_\_\_\_\_

Date: \_\_\_\_\_

### PERMIT EXPIRATION:

This permit shall expire and become null and void if the work authorized by this permit is not commenced within **120 DAYS** from the date of this permit, or work authorized by this permit is suspended or abandoned at any time after the work is commenced for a period of **180 DAYS**. A new permit shall be obtained before work can be recommenced.

**Department of Building & Safety  
City of Lincoln**

555 S. 10th St., Suite 203, Lincoln, NE 68508  
lincoln.ne.us/city/build/

Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Permit # M \_\_\_\_\_

MC \_\_\_\_\_

I, the undersigned, hereby make application for the following:

### Heating/Cooling/Ventilating/Gas Piping

	#	\$ Fee each	Total
Furnace: Electric <input type="checkbox"/> Brand: Gas <input type="checkbox"/>		\$25	
Cooling Equipment: Air Conditioner <input type="checkbox"/> Brand: Heat Pump <input type="checkbox"/>		\$20	
Roof Top Heating / Cooling Brand:		\$45	
Air Handling Unit: Brand:		\$25	
<b>List Name of Electrical Contractor:</b>			
Residential Kitchen Exhaust Hood & Duct ____ CFM		\$5	
Bath/Restroom Exhaust & Duct ____ CFM		\$5	
Clothes Dryer Vent		\$5	
Vent/Chimney Liner for Fuel Burning Appliance		\$20	
Alternation of Existing Duct Work		\$20	
Decorative Gas Fireplace/Log Set		\$45	
Underground Ductwork (per system)		\$20	
Ventilation System (separate from Htg/Cool Sys)		\$25	
Type II Hood ____ CFM		\$25	
Make-up Air System ____ CFM		\$25	
Heat Recovery System ____ CFM		\$25	
Paint Booth/Fume Hood Exhaust ____ CFM		\$25	
Mixing/VAV Boxes		\$10	
Unit Heater/Infrared Pipe Heating Sys. (Comm. only)		\$30	
Type I Hood including Ducts (Comm. only) ____ CFM		\$125	
Reinspection Fee:		\$15	
<b>MINIMUM HVAC FEE</b>			<b>\$15</b>
<b>SUBTOTAL</b>		<b>\$</b>	

### GAS PIPING

**Each Gas Appliance, New or Replacement,  
Requires a Gas Piping Permit**

New Construction (1-5 outlets)		\$25	
Each Additional Outlet		\$1	
Gas Piping Replacement Appliance		\$5	
Gas Piping: <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration		\$15	

### Work Done Beyond the Lincoln City and 3-Mile Limits

From 3- miles to 8 miles beyond	ADD	\$15	
Beyond 8 miles	ADD	\$30	
Reinspection Fee		\$25	
Investigation Fee If Applicable	<b>DOUBLE FEE</b>		

**TOTAL FEE**